

SECRET

16 September 1974

MEMORANDUM FOR: Chief, CCS/CS
SUBJECT : Cover for Contract Employee
Aleks KURGVEL, now Retired

Attached for your review is Aleks KURGVEL's cover story to be used by him after his retirement on 13 September 1974. We should appreciate your expeditious review so that we may advise him of your approval or amendments as soon as possible.

C/CIRA/RS

Attachment

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

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I first began my employment with the US Army in September 1951 when I was employed as a consultant and interpreter at a headquarters unit in Munich, Germany. I remained in Germany until I immigrated to the US in early 1953. In the US I have continuously worked for various components of the Department of the Army either under the direction of the Deputy Chief of Staff for Operations or for the staff of the Secretary of the Army. The last few years of my career up to my retirement in September 1974, I served as a research analyst and translator in the Washington, D.C. area.

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NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA	FILE NO.
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER	17-54-4708
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	200700
	CHIEF, OPERATING COMPONENT (For action) <input checked="" type="checkbox"/>	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED (Continued) <input type="checkbox"/> DISCONTINUED
REF: Assignment			
SUBJECT: ORNL, ALEAC		UNIT: Army (Continued)	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: 200		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HB 240-2*)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-2*)		DO NOT WRITE IN THIS BLOCK -	
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Support will be denied for entire period of assignment except for US Government employment applications			
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SRACD COPY 4 - OC-DO/TFB COPY 5 - CCS-FILE		CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF	

FORM 1-74 1551 USE PREVIOUS EDITION

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E-2, IMPDET CL BY: 007622

(13-20-43)